

**Alternatives 2006 Conference**  
**“Blazing the Trail to Recovery Through Transformation”**  
**October 25–29, 2006 in Portland, OR**  
**Center for Mental Health Services Application for Financial Support**  
**Application deadline: May 19, 2006**

The Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA); and the Support Technical Assistance Resource Center (STAR Center) through a contract with AFYA, Inc. (AFYA) are providing financial support to consumers of mental health services who wish to participate in the 2006 Alternatives Conference. The conference host is the Consumer Organization and Networking Technical Assistance Center (CONTAC). The purpose of the scholarships is to foster transformation of mental health care to focus on recovery. **Please note: To be eligible for this scholarship, a completed application and letter of recommendation must be received by U.S. Mail, postmarked on or before the deadline of May 19, 2006. NO FAX OR EMAIL SUBMISSIONS WILL BE ACCEPTED.**

Conference information is available at [www.alternatives2006.org](http://www.alternatives2006.org) or by calling (800) 776-1286.

Please PRINT the following information as you would like it to appear on the participants list. PLEASE DO NOT USE ACRONYMS.

**Contact Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Alternate E-mail \_\_\_\_\_

**Emergency Contact Information:**

**In case of emergency, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Emergency Telephone (\_\_\_\_\_) \_\_\_\_\_

**Demographic Information (optional):**

Gender	Age	Ethnicity	Sexual Orientation	Special Needs	U.S. Citizen
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 55 <input type="checkbox"/> 56 +	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Other	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual	Physical Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No  Medical Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Financial Support:**

What type of scholarship support are you seeking? <i>(Please check one.)</i>
<input type="checkbox"/> Full <input type="checkbox"/> Partial <i>(I have partial support from another sponsor.)</i>
What type of funding are you seeking? <i>(Please check all that apply.)</i>
<input type="checkbox"/> Registration Fee <input type="checkbox"/> Hotel <input type="checkbox"/> Per Diem <i>(daily allowance for meals and incidental expenses)</i> <input type="checkbox"/> Ground Transportation
Travel Costs (Please choose one from below.)
<input type="checkbox"/> Airfare <input type="checkbox"/> Train <input type="checkbox"/> Car Mileage (Mileage is based on Federal Regulations – and must not exceed the lowest airfare.)
Have you received in the past a scholarship from CMHS to attend this conference?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what year(s)? _____
Have you received in the past a scholarship from another sponsor to attend this conference?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State what is the sponsor's name. For what year(s)? _____
<b>Logistics Information:</b>
Do you have any special needs that would prohibit double occupancy?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list any special needs. _____

**Additional Information:**

On a separate piece of paper, please provide the review committee with the following information:

1. Why do you wish to attend the conference?
2. Are you making a presentation at this conference? If yes, please describe.
3. How you will disseminate information obtained at this conference to local or statewide consumer groups?
4. What are the specific issues relating to mental health in which you are most interested?
5. Are you currently involved with any related programs and activities? If yes, please describe.

**Please provide at least one letter of recommendation with your completed application.**

**Scholarship Conditions:**

Please note that, to be eligible for this scholarship, you must be a U.S. citizen and a mental health consumer. If you are selected as a scholarship recipient, a representative from AFYA will contact you by **June 16, 2006**, to discuss travel arrangements. As a scholarship recipient, you will be asked to do the following:

1. Submit to AFYA, within 2 weeks of the conclusion of the conference, a 2–5 page report in a format [WHO?] will provide. Your report will be summarized and shared with CMHS, other scholarship recipients, the sponsoring conference organization, and others.
2. Submit to AFYA, within 2 weeks of the conclusion of the conference, an evaluation in a format AFYA, Inc. will provide.
3. Submit to AFYA, within 2 weeks of the conclusion of the conference, a travel reimbursement form .
4. Agree to have your name and contact information shared with other scholarship recipients. If you would like to keep your contact information confidential, please contact AFYA.
5. Inform AFYA **IMMEDIATELY** if you are unable to attend the conference or if you will be delayed in meeting any of the above conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit your completed application and letter(s) of recommendation **BY US MAIL ONLY** to:

Lethia A. Kelly, Senior Conference Manager, AFYA, Inc.

6930 Carroll Avenue, Suite 1000, Takoma Park, Maryland, 20912, Phone: (301) 270-0841, Ext. 249

E-mail: lkelly@afyainc.com

Please note that your complete application must be postmarked on or before May 19, 2006.